

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

RGA RIGHT DIRECTION PAC

ADDRESS (number and street)

1747 PENNSYLVANIA AVE NW SUITE 250

Check if different  
than previously  
reported. (ACC)

WASHINGTON

DC

20006

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00490730

3. IS THIS  
REPORTNEW  
(N)

OR

AMENDED  
(A)

## 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15  
Quarterly Report (Q1)☐ July 15  
Quarterly Report (Q2)☐ October 15  
Quarterly Report (Q3)☐ January 31  
Year-End Report (YE)☐ July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)☐ Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)  
(Non-Election  
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)  
(Non-Election  
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y

in the  
State of

(d) 30-Day

POST-Election

Report for the:

☒ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y

in the  
State of

DC

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Adams, Michael, , ,

Type or Print Name of Treasurer

Signature of Treasurer

Adams, Michael, , ,

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

Office  
Use  
Only**FEC FORM 3X**  
Rev. 05/2016

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

RGA RIGHT DIRECTION PAC

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y  
10 / 20 / 2016 To: M M / D D / Y Y Y Y Y Y  
11 / 28 / 2016

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</span> <span style="border: 1px solid black; padding: 2px;">2016</span>		<span style="border: 1px solid black; padding: 2px;">18565.86</span>
(b) Cash on Hand at Beginning of Reporting Period.....	<span style="border: 1px solid black; padding: 2px;">688.34</span>	
(c) Total Receipts (from Line 19) .....	<span style="border: 1px solid black; padding: 2px;">5650000.00</span>	<span style="border: 1px solid black; padding: 2px;">18569238.68</span>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<span style="border: 1px solid black; padding: 2px;">5650688.34</span>	<span style="border: 1px solid black; padding: 2px;">18587804.54</span>
7. Total Disbursements (from Line 31).....	<span style="border: 1px solid black; padding: 2px;">5211144.44</span>	<span style="border: 1px solid black; padding: 2px;">18148260.64</span>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<span style="border: 1px solid black; padding: 2px;">439543.90</span>	<span style="border: 1px solid black; padding: 2px;">439543.90</span>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">0.00</span>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">0.00</span>	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE** of Receipts

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

**RGARIGHT DIRECTION PAC**

Report Covering the Period:

From:

M M	/	D D	/	Y Y Y Y Y Y
10		20		2016

To:

M M	/	D D	/	Y Y Y Y Y Y
11		28		2016

<b>I. Receipts</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	0.00	0.00
(ii) Unitemized .....	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	5150000.00	16525000.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	5150000.00	16525000.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	500000.00	2000000.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	44238.68
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	5650000.00	18569238.68
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	5650000.00	18569238.68

# **DETAILED SUMMARY PAGE** of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	25886.00	184858.26
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	25886.00	184858.26
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E) .....	1796592.75	5426475.67
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	3388665.69	12536926.71
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) .....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	5211144.44	18148260.64
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	5211144.44	18148260.64

# **DETAILED SUMMARY PAGE** of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	5150000.00	16525000.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	5150000.00	16525000.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	25886.00	184858.26
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	25886.00	184858.26

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 22  
(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**RGH RIGHT DIRECTION PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

## **A. Republican Governors Association**

Mailing Address 1747 Pennsylvania Ave NW  
Suite 250

City  
Washington

State  
DC

Zip Code  
20006

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

13375000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 20 / 2016

Transaction ID : SA11C.4961

Amount of Each Receipt this Period

2000000.00

☐ Memo Item  
Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

## **B. Republican Governors Association**

Mailing Address 1747 Pennsylvania Ave NW  
Suite 250

City  
Washington

State  
DC

Zip Code  
20006

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

14675000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 28 / 2016

Transaction ID : SA11C.4969

Amount of Each Receipt this Period

1300000.00

☐ Memo Item  
Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

## **C. Republican Governors Association**

Mailing Address 1747 Pennsylvania Ave NW  
Suite 250

City  
Washington

State  
DC

Zip Code  
20006

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

14695000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 31 / 2016

Transaction ID : SA11C.4973

Amount of Each Receipt this Period

20000.00

☐ Memo Item  
Contribution

**SUBTOTAL** of Receipts This Page (optional)..... ►

3320000.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 OF 22  
(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**RGA RIGHT DIRECTION PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

## **A. Republican Governors Association**

Mailing Address 1747 Pennsylvania Ave NW  
Suite 250

City  
Washington

State  
DC

Zip Code  
20006

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

14825000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 31 / 2016

Transaction ID : SA11C.4974

Amount of Each Receipt this Period

130000.00

☐ Memo Item  
Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

## **B. Republican Governors Association**

Mailing Address 1747 Pennsylvania Ave NW  
Suite 250

City  
Washington

State  
DC

Zip Code  
20006

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

14875000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 01 / 2016

Transaction ID : SA11C.4978

Amount of Each Receipt this Period

50000.00

☐ Memo Item  
Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

## **C. Republican Governors Association**

Mailing Address 1747 Pennsylvania Ave NW  
Suite 250

City  
Washington

State  
DC

Zip Code  
20006

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

15025000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 01 / 2016

Transaction ID : SA11C.4979

Amount of Each Receipt this Period

150000.00

☐ Memo Item  
Contribution

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

330000.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 OF 22  
(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**RGH RIGHT DIRECTION PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

## **A. Republican Governors Association**

Mailing Address 1747 Pennsylvania Ave NW  
Suite 250

City  
Washington

State  
DC

Zip Code  
20006

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

16525000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 02 / 2016

Transaction ID : SA11C.4981

Amount of Each Receipt this Period

1500000.00

☐ Memo Item  
Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

## **B.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

## **C.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1500000.00

5150000.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 OF 22  
(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☒ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**RGH RIGHT DIRECTION PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

## **A. Mike Pence For Indiana**

Mailing Address 101 W Ohio St Ste 1180

City  
Indianapolis

State  
IN

Zip Code  
46204

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 21 / 2016

Transaction ID : SA16.4963

Amount of Each Receipt this Period

500000.00

☐ Memo Item

Refund of Non-Federal Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

## **B.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

## **C.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

500000.00

500000.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 10 OF 22

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**RGARIGHT DIRECTION PAC**

Full Name (Last, First, Middle Initial)

**A. Chain Bridge Bank**

Mailing Address 1445-A Laughlin Ave

City  
McLeanState  
VAZip Code  
22101Purpose of Disbursement  
Bank Fees

Candidate Name

 Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼
Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		20		2016

FEC Identification Number

**C****Transaction ID : SB21B.4962**

Amount of Each Disbursement this Period

20.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Chain Bridge Bank**

Mailing Address 1445-A Laughlin Ave

City  
McLeanState  
VAZip Code  
22101Purpose of Disbursement  
Bank Fees

Candidate Name

 Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼
Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		25		2016

FEC Identification Number

**C****Transaction ID : SB21B.4964**

Amount of Each Disbursement this Period

40.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Chain Bridge Bank**

Mailing Address 1445-A Laughlin Ave

City  
McLeanState  
VAZip Code  
22101Purpose of Disbursement  
Bank Fees

Candidate Name

 Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼
Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		28		2016

FEC Identification Number

**C****Transaction ID : SB21B.4970**

Amount of Each Disbursement this Period

20.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

80.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 11 OF 22

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**RGARIGHT DIRECTION PAC**

Full Name (Last, First, Middle Initial)

**A. Chain Bridge Bank**

Mailing Address 1445-A Laughlin Ave

City  
McLeanState  
VAZip Code  
22101Purpose of Disbursement  
Bank Fees

Candidate Name

 Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

 Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		31		2016

FEC Identification Number

**C****Transaction ID : SB21B.4975**

Amount of Each Disbursement this Period

30.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Chain Bridge Bank**

Mailing Address 1445-A Laughlin Ave

City  
McLeanState  
VAZip Code  
22101Purpose of Disbursement  
Bank Fee

Candidate Name

 Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

 Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		01		2016

FEC Identification Number

**C****Transaction ID : SB21B.4980**

Amount of Each Disbursement this Period

10.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Chain Bridge Bank**

Mailing Address 1445-A Laughlin Ave

City  
McLeanState  
VAZip Code  
22101Purpose of Disbursement  
Bank Fee

Candidate Name

 Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

 Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		02		2016

FEC Identification Number

**C****Transaction ID : SB21B.4982**

Amount of Each Disbursement this Period

10.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

50.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 12 OF 22

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**RGARIGHT DIRECTION PAC**

Full Name (Last, First, Middle Initial)

**A. Chain Bridge Bank**

Mailing Address 1445-A Laughlin Ave

City  
McLeanState  
VAZip Code  
22101Purpose of Disbursement  
Bank Fee

Candidate Name

 Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

 Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	1		0	3		2	0	1	6		

FEC Identification Number

**C****Transaction ID : SB21B.4984**

Amount of Each Disbursement this Period

10.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Chain Bridge Bank**

Mailing Address 1445-A Laughlin Ave

City  
McLeanState  
VAZip Code  
22101Purpose of Disbursement  
Bank Fee

Candidate Name

 Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

 Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	1		0	8		2	0	1	6		

FEC Identification Number

**C****Transaction ID : SB21B.4985**

Amount of Each Disbursement this Period

10.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Chain Bridge Bank**

Mailing Address 1445-A Laughlin Ave

City  
McLeanState  
VAZip Code  
22101Purpose of Disbursement  
Bank Fee

Candidate Name

 Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

 Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	1		0	9		2	0	1	6		

FEC Identification Number

**C****Transaction ID : SB21B.4987**

Amount of Each Disbursement this Period

10.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

30.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 13 OF 22

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**RGa RIGHT DIRECTION PAC**

Full Name (Last, First, Middle Initial)

**A. Koch & Hoos, LLC**

Mailing Address 901 N Washington St, Suite 700

City  
AlexandriaState  
VAZip Code  
22314Purpose of Disbursement  
PAC Reporting Services

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		27		2016

FEC Identification Number

**C****Transaction ID : SB21B.4968**

Amount of Each Disbursement this Period

1650.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. The Tarrance Group**

Mailing Address 201 N Union St, Suite 410

City  
AlexandriaState  
VAZip Code  
22314Purpose of Disbursement  
Polling

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		30		2016

FEC Identification Number

**C****Transaction ID : SB21B.4976**

Amount of Each Disbursement this Period

24076.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
-------	---	-------	---	-------------

FEC Identification Number

**C**

Amount of Each Disbursement this Period

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

25726.00

**TOTAL** This Period (last page this line number only).....▶

25886.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 14 OF 22

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**RGa RIGHT DIRECTION PAC**

Full Name (Last, First, Middle Initial)

**A. Eric Holcomb For Indiana**

Mailing Address 101 W Ohio St, Ste 1111

City  
IndianapolisState  
INZip Code  
46204Purpose of Disbursement  
Non-Federal Contribution

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		25		2016

FEC Identification Number

**C****Transaction ID : SB29.4967**

Amount of Each Disbursement this Period

1500000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Eric Holcomb For Indiana**

Mailing Address 101 W Ohio St, Ste 1111

City  
IndianapolisState  
INZip Code  
46204Purpose of Disbursement  
Non-Federal Contribution

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		02		2016

FEC Identification Number

**C****Transaction ID : SB29.4983**

Amount of Each Disbursement this Period

1000000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. North Carolina Republican Party**

Mailing Address 1506 Hillsborough St

City  
RaleighState  
NCZip Code  
27605Purpose of Disbursement  
Contribution - Non-Federal Account

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		25		2016

FEC Identification Number

**C****Transaction ID : SB29.4966**

Amount of Each Disbursement this Period

500000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

3000000.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 15 OF 22

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**RGH RIGHT DIRECTION PAC**

Full Name (Last, First, Middle Initial)

**A. North Carolina Republican Party**

Mailing Address 1506 Hillsborough St

City  
RaleighState  
NCZip Code  
27605Purpose of Disbursement  
Contribution - Non-Federal Account

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			31			2016			

FEC Identification Number

**C****Transaction ID : SB29.4977**

Amount of Each Disbursement this Period

250000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. North Carolina Republican Party**

Mailing Address 1506 Hillsborough St

City  
RaleighState  
NCZip Code  
27605Purpose of Disbursement  
Contribution - Non-Federal Account

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			09			2016			

FEC Identification Number

**C****Transaction ID : SB29.4988**

Amount of Each Disbursement this Period

100000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Push Digital, LLC**

Mailing Address 1401 Sam Rittenberg Blvd

City  
CharlestonState  
SCZip Code  
29483Purpose of Disbursement  
Non-Federal Digital Services

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			08			2016			

FEC Identification Number

**C****Transaction ID : SB29.4986**

Amount of Each Disbursement this Period

225.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

350225.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 16 OF 22

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**RGARIGHT DIRECTION PAC**

Full Name (Last, First, Middle Initial)

**A. Red Maverick Media LLC**

Mailing Address 403 N Second St, Fl 2

City  
HarrisburgState  
PAZip Code  
17101Purpose of Disbursement  
Non-Federal Direct Mail

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		25		2016

FEC Identification Number

**C****Transaction ID : SB29.4965**

Amount of Each Disbursement this Period

10449.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Red Maverick Media LLC**

Mailing Address 403 N Second St, Fl 2

City  
HarrisburgState  
PAZip Code  
17101Purpose of Disbursement  
Non-Federal Direct Mail

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		28		2016

FEC Identification Number

**C****Transaction ID : SB29.4971**

Amount of Each Disbursement this Period

23051.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Red October Productions, Inc.**

Mailing Address 1851A McGuckian St

City  
AnnapolisState  
MDZip Code  
21401Purpose of Disbursement  
Non-Federal Media Production

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		09		2016

FEC Identification Number

**C****Transaction ID : SB29.4989**

Amount of Each Disbursement this Period

4940.69

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

38440.69

3388665.69



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 17 OF 22  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>RGARIGHT DIRECTION PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00490730	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report			New report Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>	
Full Name of Payee <b>McCleskey Media Strategies</b> <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 11 / 02 / 2016	
Mailing Address 6100 Uptown Blvd NE, #590			Amount <span style="border: 1px solid black; padding: 2px;">14470.31</span>	
City Albuquerque	State NM	Zip Code 87110	Transaction ID : <b>SE.4957</b>	
Purpose of Expenditure Advertising - Production		Category/ Type <span style="border: 1px solid black; padding: 2px;">004</span>	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 11 / 03 / 2016	
Name of Federal Candidate: CLINTON, HILLARY RODHAM, , ,			Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">5208908.52</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
Full Name of Payee <b>Red Maverick Media LLC</b> <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 10 / 21 / 2016	
Mailing Address 403 N Second St, Fl 2			Amount <span style="border: 1px solid black; padding: 2px;">12602.00</span>	
City Harrisburg	State PA	Zip Code 17101	Transaction ID : <b>SE.4919</b>	
Purpose of Expenditure Direct Mail		Category/ Type <span style="border: 1px solid black; padding: 2px;">004</span>	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 10 / 20 / 2016	
Name of Federal Candidate: CLINTON, HILLARY RODHAM, , ,			Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">3807826.77</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures .....			<span style="border: 1px solid black; padding: 2px;">27072.31</span>	
(a) SUBTOTAL of Unitemized Independent Expenditures .....			<span style="border: 1px solid black; padding: 2px;"></span>	
(a) TOTAL Independent Expenditures .....			<span style="border: 1px solid black; padding: 2px;"></span>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Adams, Michael, , , Signature			Date <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 12 / 05 / 2016	
[Electronically Filed]				

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 18 OF 22  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>RGARIGHT DIRECTION PAC</b>				<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00490730       </div>										
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <b>▶</b> New report    Amends report filed on <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span>														
Full Name of Payee <span style="float: right;"><input type="checkbox"/> Memo Item</span> <b>Red Maverick Media LLC</b>				Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 10 / 31 / 2016										
Mailing Address    403 N Second St, Fl 2				Amount <span style="border: 1px solid black; padding: 2px; display: inline-block;">47711.00</span>										
City Harrisburg		State PA		Zip Code 17101										
Purpose of Expenditure Direct Mail				Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>										
Name of Federal Candidate: CLINTON, HILLARY RODHAM, , ,				Office Sought: <input type="checkbox"/> House    District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate    State:										
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px; display: inline-block;">3865279.71</span>				Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶										
Full Name of Payee <span style="float: right;"><input type="checkbox"/> Memo Item</span> <b>Red Maverick Media LLC</b>				Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 10 / 31 / 2016										
Mailing Address    403 N Second St, Fl 2				Amount <span style="border: 1px solid black; padding: 2px; display: inline-block;">108747.00</span>										
City Harrisburg		State PA		Zip Code 17101										
Purpose of Expenditure Direct Mail				Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>										
Name of Federal Candidate: CLINTON, HILLARY RODHAM, , ,				Office Sought: <input type="checkbox"/> House    District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate    State:										
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px; display: inline-block;">4535601.21</span>				Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶										
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">(a) SUBTOTAL of Itemized Independent Expenditures .....</td> <td style="width: 5%; text-align: center;">▶</td> <td style="width: 35%; border: 1px solid black; padding: 2px; text-align: right;">156458.00</td> </tr> <tr> <td>(a) SUBTOTAL of Unitemized Independent Expenditures .....</td> <td style="text-align: center;">▶</td> <td style="border: 1px solid black; padding: 2px; text-align: right;"> </td> </tr> <tr> <td>(a) TOTAL Independent Expenditures .....</td> <td style="text-align: center;">▶</td> <td style="border: 1px solid black; padding: 2px; text-align: right;"> </td> </tr> </table>						(a) SUBTOTAL of Itemized Independent Expenditures .....	▶	156458.00	(a) SUBTOTAL of Unitemized Independent Expenditures .....	▶		(a) TOTAL Independent Expenditures .....	▶	
(a) SUBTOTAL of Itemized Independent Expenditures .....	▶	156458.00												
(a) SUBTOTAL of Unitemized Independent Expenditures .....	▶													
(a) TOTAL Independent Expenditures .....	▶													
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.														
Adams, Michael, , , _____ Signature				Date <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 12 / 05 / 2016										

[Electronically Filed]

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 19 OF 22  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>RGARIGHT DIRECTION PAC</b>				<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00490730         </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <span style="margin-left: 20px;">New report</span> <span style="margin-left: 20px;">Amends report filed on</span> <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px; width: 15%;">M M /</div> <div style="border: 1px solid black; padding: 2px; width: 15%;">D D /</div> <div style="border: 1px solid black; padding: 2px; width: 70%;">Y Y Y Y Y Y</div> </div>					
Full Name of Payee <input type="checkbox"/> Memo Item <b>Red October Productions, Inc.</b>				Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px; width: 15%;">M M /</div> <div style="border: 1px solid black; padding: 2px; width: 15%;">D D /</div> <div style="border: 1px solid black; padding: 2px; width: 70%;">Y Y Y Y Y Y</div> </div>	
Mailing Address <b>1851A McGuckian St</b>				Amount <div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;">9741.94</div>	
City <b>Annapolis</b>		State <b>MD</b>		Zip Code <b>21401</b>	
Purpose of Expenditure <b>Advertising - Production (Actual)</b>				Category/Type <div style="border: 1px solid black; padding: 2px; width: 40px; text-align: center;"><b>004</b></div>	
Name of Federal Candidate: <b>CLINTON, HILLARY RODHAM, , ,</b>				Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: <b>00</b> State: _____	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; width: 150px; text-align: right;">3817568.71</div>				Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
Full Name of Payee <input type="checkbox"/> Memo Item <b>Red October Productions, Inc.</b>				Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px; width: 15%;">M M /</div> <div style="border: 1px solid black; padding: 2px; width: 15%;">D D /</div> <div style="border: 1px solid black; padding: 2px; width: 70%;">Y Y Y Y Y Y</div> </div>	
Mailing Address <b>1851A McGuckian St</b>				Amount <div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;">11977.25</div>	
City <b>Annapolis</b>		State <b>MD</b>		Zip Code <b>21401</b>	
Purpose of Expenditure <b>Advertising - Production</b>				Category/Type <div style="border: 1px solid black; padding: 2px; width: 40px; text-align: center;"><b>004</b></div>	
Name of Federal Candidate: <b>CLINTON, HILLARY RODHAM, , ,</b>				Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: <b>00</b> State: _____	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; width: 150px; text-align: right;">5060818.46</div>				Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <b>(a) SUBTOTAL</b> of Itemized Independent Expenditures .....         </div> <div style="width: 35%; text-align: right;"> <div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;">21719.19</div> </div> </div>					
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <b>(a) SUBTOTAL</b> of Unitemized Independent Expenditures .....         </div> <div style="width: 35%; text-align: right;"> <div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;"> </div> </div> </div>					
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <b>(a) TOTAL</b> Independent Expenditures .....         </div> <div style="width: 35%; text-align: right;"> <div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;"> </div> </div> </div>					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Adams, Michael, , , Signature				<div style="display: flex; justify-content: space-between; align-items: center;"> <div style="text-align: center;"> <b>[Electronically Filed]</b> </div> <div style="text-align: center;">         Date <div style="border: 1px solid black; padding: 2px; width: 15%;">M M /</div> <div style="border: 1px solid black; padding: 2px; width: 15%;">D D /</div> <div style="border: 1px solid black; padding: 2px; width: 70%;">Y Y Y Y Y Y</div> </div> </div>	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 20 OF 22  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>RGARIGHT DIRECTION PAC</b>				<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00490730         </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report <input type="checkbox"/> Amends report filed on <input type="text"/> / <input type="text"/> / <input type="text"/>	
Full Name of Payee <input type="checkbox"/> Memo Item <b>Red October Productions, Inc.</b>			Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>		
Mailing Address <b>1851A McGuckian St</b>			Amount <input type="text"/>		
City <b>Annapolis</b>	State <b>MD</b>	Zip Code <b>21401</b>	<b>Transaction ID : SE.4951</b> Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>		
Purpose of Expenditure <b>Advertising - Production</b>		Category/Type <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>		
Name of Federal Candidate: <b>CLINTON, HILLARY RODHAM, , ,</b>			Office Sought: <input type="checkbox"/> House District: <input type="text"/> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <input type="text"/>		
Calendar Year-To-Date Per Election for Office Sought <input type="text"/>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <input type="checkbox"/> Memo Item <b>SRCP Media, Inc.</b>			Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>		
Mailing Address <b>201 N Union St, Suite 200</b>			Amount <input type="text"/>		
City <b>Alexandria</b>	State <b>VA</b>	Zip Code <b>22314</b>	<b>Transaction ID : SE.4956</b> Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>		
Purpose of Expenditure <b>Television Advertising - Media Placement</b>		Category/Type <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>		
Name of Federal Candidate: <b>CLINTON, HILLARY RODHAM, , ,</b>			Office Sought: <input type="checkbox"/> House District: <input type="text"/> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <input type="text"/>		
Calendar Year-To-Date Per Election for Office Sought <input type="text"/>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		
<b>(a) SUBTOTAL of Itemized Independent Expenditures .....</b>			<input type="text"/>		
<b>(a) SUBTOTAL of Unitemized Independent Expenditures .....</b>			<input type="text"/>		
<b>(a) TOTAL Independent Expenditures .....</b>			<input type="text"/>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Adams, Michael, , ,</u>			Date <input type="text"/> / <input type="text"/> / <input type="text"/>		

[Electronically Filed]

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>RGARIGHT DIRECTION PAC</b>				<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> <span style="font-size: 1.5em; margin-right: 10px;">C</span> <span>C00490730</span> </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <span style="margin-left: 20px;">New report</span> <span style="margin-left: 20px;">Amends report filed on</span> <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px; width: 15%;">M M /</div> <div style="border: 1px solid black; padding: 2px; width: 15%;">D D /</div> <div style="border: 1px solid black; padding: 2px; width: 70%;">Y Y Y Y Y Y</div> </div>					
Full Name of Payee <span style="float: right;"><input type="checkbox"/> Memo Item</span> <b>Target Enterprises LLC</b>				Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px; width: 15%;">M M /</div> <div style="border: 1px solid black; padding: 2px; width: 15%;">D D /</div> <div style="border: 1px solid black; padding: 2px; width: 70%;">Y Y Y Y Y Y</div> </div> <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="width: 15%;">10</div> <div style="width: 15%;">21</div> <div style="width: 70%;">2016</div> </div>	
Mailing Address 15260 Ventura Blvd Suite 1240				Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">382909.00</div>	
City Sherman Oaks		State CA		Zip Code 91403	
Purpose of Expenditure Television Advertising - Media Placement				Category/Type <div style="border: 1px solid black; padding: 2px; width: 40px; text-align: center;">004</div>	
Name of Federal Candidate: CLINTON, HILLARY RODHAM, , ,				Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State:	
Calendar Year-To-Date Per Election for Office Sought				<div style="border: 1px solid black; padding: 2px; text-align: right;">3795224.77</div>	
Name of Federal Candidate: CLINTON, HILLARY RODHAM, , ,				Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <span style="float: right;"><input type="checkbox"/> Memo Item</span> <b>Target Enterprises LLC</b>				Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px; width: 15%;">M M /</div> <div style="border: 1px solid black; padding: 2px; width: 15%;">D D /</div> <div style="border: 1px solid black; padding: 2px; width: 70%;">Y Y Y Y Y Y</div> </div> <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="width: 15%;">10</div> <div style="width: 15%;">28</div> <div style="width: 70%;">2016</div> </div>	
Mailing Address 15260 Ventura Blvd Suite 1240				Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">561574.50</div>	
City Sherman Oaks		State CA		Zip Code 91403	
Purpose of Expenditure Television Advertising - Media Placement				Category/Type <div style="border: 1px solid black; padding: 2px; width: 40px; text-align: center;">004</div>	
Name of Federal Candidate: CLINTON, HILLARY RODHAM, , ,				Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State:	
Calendar Year-To-Date Per Election for Office Sought				<div style="border: 1px solid black; padding: 2px; text-align: right;">4426854.21</div>	
Name of Federal Candidate: CLINTON, HILLARY RODHAM, , ,				Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <b>(a) SUBTOTAL</b> of Itemized Independent Expenditures .....         </div> <div style="width: 35%; text-align: right;"> <div style="border: 1px solid black; padding: 2px; text-align: right;">944483.50</div> </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 60%;"> <b>(a) SUBTOTAL</b> of Unitemized Independent Expenditures .....         </div> <div style="width: 35%; text-align: right;"> <div style="border: 1px solid black; padding: 2px; text-align: right;"> </div> </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 60%;"> <b>(a) TOTAL</b> Independent Expenditures .....         </div> <div style="width: 35%; text-align: right;"> <div style="border: 1px solid black; padding: 2px; text-align: right;"> </div> </div> </div>					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Adams, Michael, , , _____ Signature				<div style="text-align: center;"> <b>[Electronically Filed]</b> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div>Date</div> <div style="border: 1px solid black; padding: 2px; width: 15%;">M M /</div> <div style="border: 1px solid black; padding: 2px; width: 15%;">D D /</div> <div style="border: 1px solid black; padding: 2px; width: 70%;">Y Y Y Y Y Y</div> </div> <div style="display: flex; justify-content: space-between; margin-top: 2px;"> <div>12</div> <div>05</div> <div>2016</div> </div>	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>RGARIGHT DIRECTION PAC</b>				<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00490730       </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report <input type="checkbox"/> Amends report filed on <input type="text"/> / <input type="text"/> / <input type="text"/>	
Full Name of Payee <input type="checkbox"/> Memo Item <b>Target Enterprises LLC</b>			Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>		
Mailing Address 15260 Ventura Blvd Suite 1240			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">513240.00</div>		
City Sherman Oaks	State CA	Zip Code 91403	<b>Transaction ID : SE.4954</b> Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>		
Purpose of Expenditure Television Advertising - Media Placement		Category/Type <div style="border: 1px solid black; padding: 2px;">004</div>	<input type="text"/> / <input type="text"/> / <input type="text"/>		
Name of Federal Candidate: CLINTON, HILLARY RODHAM, ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President District: 00 State:		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px;">5048841.21</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>		
Mailing Address			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
City	State	Zip Code	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>		
Purpose of Expenditure		Category/Type <div style="border: 1px solid black; padding: 2px;"></div>	<input type="text"/> / <input type="text"/> / <input type="text"/>		
Name of Federal Candidate: <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>			<input type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President District: State:		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px;"></div>			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		
<b>(a) SUBTOTAL of Itemized Independent Expenditures .....</b>			<div style="border: 1px solid black; padding: 2px; display: inline-block;">513240.00</div>		
<b>(a) SUBTOTAL of Unitemized Independent Expenditures .....</b>			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
<b>(a) TOTAL Independent Expenditures .....</b>			<div style="border: 1px solid black; padding: 2px; display: inline-block;">1796592.75</div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Adams, Michael, , , Signature		[Electronically Filed]		Date <input type="text"/> / <input type="text"/> / <input type="text"/>	